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FEE TRANSMITTAL FOR FY 2009 X Applicant claims amili entity status. See 37 CFR 1.27 Art Unit 1923 TOTAL AMOUNT OF PAYMENT (s) 5.55.00 Attomey Docket No. 0933-0232PUS1 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (glease identify): X Deposit Account Deposit Account Number 02-2448 Deposit Account Deposit Account Number 02-2448 Deposit Account Deposit Account Number 02-2448 Deposit Account Deposit Account Number 02-2448 Deposit Account Deposit Account Number 02-2448 Deposit Account Deposit Account Number 02-2448 Deposit Account Deposit Account Number 02-2448 Deposit Account Deposit Accou			Complete if Known							
FEE TRANSMITTAL For FY 2009 Standard Inventor Special Color Special Color	Fees pursuant to			.R. 4818).	Application Num				6	
First Named Inventor Spans ANGSTROM Examiner Name L. D. Bland	·									
Examiner Name										
METHOD OF PAYMENT (check all that apply) Check	For FY 2009									
Check	X Applicant claims small entity status. See 37 CFR 1.27			27	Art Unit 1623					
Check Credit Card Money Order O2-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge any additional fee(s) or underpayments of Charge fee(s) indicated below, except for the filling fee (s) Charge any additional fee(s) or underpayments of Charge fee(s) indicated below, except for the filling fee (s) Charge any additional fee(s) or underpayments of Charge fee(s) indicated below, except for the filling fee (s) Charge fee(s) indicated below, except for the filling fee (s) Charge fee(s) indicated below, except for the filling fee (s) Charge fee(s) indicated below, except for the filling fee (s) Charge fee(s) indicated below, except for the filling fee (s) Charge fee(s) indicated below, except for the filling fee (s) Charge fee(s) indicated below, except for the filling fee (s) Charge fee(s) indicated below, except for the filling fee (s) Charge fee(s) indicated below, except for the filling fee (s) Charge fee(s) indicated below, except for the filling fee (s) Charge fee(s) indicated below, except for the filling fee (s) Charge fee(s) indicated below, except for the filling fee (s) Charge fee(s) indicated below, except for the filling fee (s) Charge fee(s) indicated below, except for the filling fee (s) Charge fee(s) indicated below, except for the filling fee (s) Charge fee(s) indicated below, except for the filling fee (s) Charge fee(s) indicated below, except for the filling fee (s) Charge fee(s) indicated below, except for the filling fee (s) Charge fee(s) indicated below, except for the filling fee (s) Fee	TOTAL AMOUNT OF PAYMENT		(\$) 555.00	(\$) 555.00		Attorney Docket No. 0		0933-0232PUS1		
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2. EXCESS CLAIM FEES Fee Obscription Each claim over 20 (including Reissues) Each claim over 3 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Here highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)	Provisional	220	110	0						
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	SUBMITTED BY									
Registration No. (Attorney/Agent) 42,874 Telephone (703) 205-8000	Signature	Do Pon.	2:2			42,874	Telephone	(703) 20)5-8000	
	Name (Print/Type)	Craig A. McRobbi	(Attorney/Agon)		Date [